

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/507056

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3	1		1				53						
4		1		1			54						
5	1		1				55						
6		5		1			56						
7	1		1				57						
8		1		1			58						
9		2		1			59						
10		0		1			60						
11		0		1			61						
12		0		1			62						
13		0		1			63						
14		0		1			64						
15		0		1			65						
16		0		1			66						
17		0		1			67						
18		0		1			68						
19		0		1			69						
20		0		1			70						
21		0		1			71						
22		0		1			72						
23		0		1			73						
24		0		1			74						
25		0		1			75						
26		0		1			76						
27	1		1				77						
28		1		1			78						
29		2		1			79						
30		0		1			80						
31		0		1			81						
32		0		1			82						
33		0		1			83						
34		0		1			84						
35		0		1			85						
36				1			86						
37				1			87						
38				1			88						
39				1			89						
40				1			90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	5	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	34	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			39				TOTAL CLAIMS						